POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	5.7-		C8-23-01
O.I.P.E. CLASSIFIER	MIN	90	00-29-01
FORMALITY REVIEW	-/11	/	120/11

## INDEX OF CLAIMS

,	Rejected	N	Non-elected
=	Allowed	ı	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	Ω	Objected

laim	Date	Claim	Date	Claim	Date
Original Care		<u></u>		<del>     </del>	
and		Final		Final	
Onginal Tri		Final		Final	
(1)		51		110	
2 1		52		112	
3 1		53		113	
4	+ + + + + + + +	54	<del>                                      </del>	114	++++++
5	<del>                                      </del>	55		115	
6	+ + + + + + + + + + + + + + + + + + + +	56	<del></del>	116	<del>-                                     </del>
7	+++++++++++++++++++++++++++++++++++++++	57	<del>-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+</del>	117	<del></del>
8	+ + + + + + + + +	58	<del></del>	118	++++++
(9)	+++++++	59	-+	119	-+
10	++++++		+ + + + + + + + +	<del></del>	<del></del>
11		60	-+-+	110	
			+++++++++++++++++++++++++++++++++++++++	111	
12		62		112	<del>                                     </del>
/ الحبا	+++++++++++++++++++++++++++++++++++++++	63		113	
14 V	+++++++++++++++++++++++++++++++++++++++	64		114	
15		65		115	
16		66		116	
17		67		117	
18		68		118	
19		69		119	
20		70		120	
21	<del>                                      </del>	71	<del>                                     </del>	121	- <del>                                      </del>
22	++++++	72		122	<del></del>
23	<del>++++++</del>	73	-+-+ + - + - + - + - + - + - + - + - +	123	<del></del>
24	++++++	74	<del></del>	124	<del></del>
	++++++	75	+ + + + + + + + + + + + + + + + + + + +		<del></del>
25	+-+-+ + + + + +		<del></del>	125	<del></del>
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27	+ + + + + + + + +	77		127	
28		78		128	
29		79		129	
30		70		130	
31		81		131	
32		82		132	
33		83		133	
34		84		134	
35		85		135	
36		86		1 315	
37		87		137	
38		88		1:38	<del>                                      </del>
39	<del>+ + + + + + + + + + + + + + + + + + + </del>	89	<del>                                      </del>	139	
40	+++++++++++++++++++++++++++++++++++++++	90		n40	
41	+-+-+-			_ i	
		91		141	
42	+	92	<del></del>		+-+-+-+-+-+-
4,5	+-+-+	93		143	
44		94		14.1	
44		95		145	
46		96		141	
47		9-1		147	
48	+ + + -+ -+ -+ -+ -+ -+ -+ -+ -+ -+ -+ -	98		148	
41)		99		149	
50		100		150	- i

If more than 150 claims or 10 actions staple additional sheet here